|  | PATENT A  | APPLICATIO<br>Effect   | RD            |                              | 09                           | 7                        | 550                                     | 127                       |                        |              |                     |                        |
|--|---|--|---------------|------------------------------|------------------------------|--------------------------|---|---------------------------|------------------------|--------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |  |               |                              |                              |                          |   | SMALL ENTITY TYPE         |                        | OR           | OTHER<br>SMALL      | THAN                   |
| TOTAL CLAIMS   |   |  | 37            |                              |                              |                          |   | ATE                       | FEE                    |              | RATE                | FEE                    |
| FOR  |   |  | NUMBER FILED  |                              | NUMBER EXTRA                 |                          | BAS                                     | BASIC FEE 355.00          |                        | OR           | Basic FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |   |  | 37 minus 20=  |                              | . 17                         |                          | X                                       | 9=                        |                        | OR           | X\$18=              | 300                    |
| INDEPENDENT CLAIMS   |   |  | ∯ minus 3 =   |                              | • /                          |                          | ×                                       | 40-                       |                        | OR           | X80=                | 180                    |
| MU   | LTIPLE DEPEN  | IDENT CLAIM PI   | RESENT        |                              |                              |                          | 1                                       | 35=                       |                        | OR           | +270=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |  |               |                              |                              | TO                       | TOTAL                                   |                           | ОЯ                     | TOTAL        | 11790               |                        |
| CLAIMS AS AMENDED - PART II  |   |  |               |                              |                              |                          |   |                           | <u> </u>               |              | OTHER               | THAN                   |
|  | (Column 1) (Column 2) (Column 3)  |  |               |                              |                              |                          |   | ALL                       | ENTITY                 | OR           | SMALL               | ENTITY                 |
| ENTA   |   | REMAINING NUT  |               | HIGH<br>NUM<br>PREVK<br>PAID | BER<br>OUSLY                 | ER PRESENT<br>USLY EXTRA |   | ATE                       | ADDI-<br>TIONAL<br>FEE |              | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total   | · 33   | Minus         | .3                           | 7                            | =                        | . X                                     | 9=                        |                        | OR           | X\$18=              |                        |
| AME  | Independent   | • 4  | / Minus       |                              | 4                            | -                        | X4                                      |                           |                        | OR           | X80=                |                        |
|  | FIRST PRESE   | RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                   |               |                              |                              |                          |   |                           |                        | OR           | +270=               |                        |
|  |   |  |               |                              |                              |                          |   | TOTAL                     |                        | OR           | TOTAL<br>ADDIT, FEE |                        |
| 11   | .8.06   | (Column 1)   |               | (Colu                        | mn 2)                        | (Column 3)               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                           |                        | •            |                     |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      | :             | NUM<br>PREVI                 | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA         | R                                       | ATE                       | ADDI-<br>TIONAL<br>FEE |              | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | · 33   | Minus         | 1                            | 37                           | =                        | X                                       | 9=                        |                        | OR           | X\$18=              |                        |
| ME   | Independent   | . 4  | Minus         | ***                          | 4                            |                          | ×                                       | 40=                       |                        | OR           | X80=                | ·                      |
| Ľ  | FIRST PRESE   | NTATION OF M   | ULTIPLE DE    | PENDEN                       | T CLAIM                      |                          | <u>ا ا</u> ا                            | 35=                       |                        | OR           | +270=               |                        |
|  |   | · 0  |               |                              |                              |                          |   | TOTAL                     |                        |              | TOTAL               |                        |
|  |   |  |               |                              |                              |                          | ADDI                                    | T. FEE                    | <u> </u>               | OR           | ADDIT. FEE          |                        |
|  |   | (Column 1)   |               |                              | mn 2)<br>ÆST                 | (Column 3)               | 1                                       |                           |                        |              | <u> </u>            | 1                      |
| AMENDMENT C  |   | REMAINING<br>AFTER<br>AMENDMENT                                |               | NUM<br>PREVI                 | BER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA         | R/                                      | ATE                       | ADDI-<br>TIONAL<br>FEE |              | RATE                | ADDI-<br>TIONAL<br>FEE |
| Š  | Total   | •  | Minus         | ••                           |                              | s '                      | X                                       | 9=                        |                        | OR           | X\$18=              |                        |
| ME   | Independent   | •  | Minus         |                              |                              | =                        | x                                       | 10=                       |                        | OR           | X80=                |                        |
| Ш  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |               |                              |                              |                          |   | 35=                       |                        |              | +270=               |                        |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |  |               |                              |                              |                          |   |                           |                        | OR           | TOTAL               |                        |
| ****   | I the "Michael No   | mber Previously P<br>Imber Previously P<br>Imber Previously Pa | aid For IN TH | IS SPACE                     | is less th                   | en 3. enter "3."         | ADDI                                    | TOTAL<br>T. FEE<br>the ar | <u> </u>               | OR<br>z in œ | ADDIT. FEE          |                        |

Application or Docket Number